



## APPLICATION FOR REDUCED FARE CARD

### **PART I - APPLICANT** ( Please Print or Type)

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR

### **PART II**

I \_\_\_\_\_, agree to the release of this information to Sun Metro for the purpose of reduced fare eligibility certification.

### **PART III MUST BE COMPLETED BY PHYSICIAN ONLY**

#### **PART III PERMANENT (As Defined by Criteria Checked on Reverse Side)**

This information certified true and correct.

Name _____	Title _____
Agency _____	Phone _____
Address _____	City _____
Signature _____	Date _____

### **PART IV MUST BE COMPLETED BY PHYSICIAN or SOCIAL SERVICE AGENCY**

#### **PART IV TEMPORARY (As Defined by Criteria Checked on Reverse Side)**

This applicant has a temporary disability which can be expected to last \_\_\_\_\_ months. This information certified true and correct. **(no more than 12 months)**

Name _____	Title _____
Agency _____	Phone _____
Address _____	City _____
Signature _____	Date _____

<b>FOR OFFICE USE ONLY</b>	
Date issued: _____	
Issued By: _____	
ID #: _____	
Certification: (circle one)	
3 Physician	4 Social Service Agency

Definition of “DISABLED”: A transportation disability is any incapacity which prevents an individual from using transportation facilities and services as effectively as persons not so affected. An individual will be considered transportation disabled, and eligible to receive all present and future benefits, if he/she meets one of the *below-stated criteria*, and obtains a physician’s certification that the disability relates to the below listed criteria and will last for more than twelve (12) months.

- Section 1.** ☐ The person permanently employs a wheelchair.
- Section 2.** ☐ The person who has any condition requiring the use of walkers, crutches, leg or foot braces, or other such devices to aid in mobility.
- Section 3.** ☐ The person who has one or more missing limbs or anatomical deformity of a limb: Use of prosthetic devices.
- Section 4.** ☐ The person who is legally blind. Those persons whose vision in the better eye after best correction is 20/20 or less; and those persons whose visual field is contracted (commonly known as tunnel vision).  
**or,**
- ☐ The person who has a severe hearing impairment. Deafness or hearing incapacity that may make an individual insecure in public areas because the individual is unable to communicate or hear warning signals, including only those persons whose hearing loss is 90 dba or greater in the 500, 1000, 2000 Hz. ranges.
- Section 5.** ☐ The person who has a cardiovascular, cerebrovascular or respiratory condition which significantly interferes with coordination, endurance, or strength.
- Section 6.** ☐ The person has neurological conditions which significantly interfere with coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis or paralysis.
- Section 7.** ☐ The person has a musculo-skeletal condition which significantly impairs motor skills, such as muscular dystrophy, severe rheumatism or severe arthritis affecting two or more limbs. American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability. Therapeutic Grade 11 or worse and Functional Class 111 or worse and Anatomical State 11 or worse are evidence of arthritic disability.
- Section 8.** ☐ The person who has a disabling mental condition which results in a reduced capacity to perform actions necessary for use of transportation without receiving special training.
- Section 9.** ☐ Needs Dialysis treatment (must use kidney machine).
- Section 10.** ☐ The person who has Epilepsy. Clinical disorder involving impairment of consciousness, characterized by major motor seizures (grand mal or psychomotor) substantiated by EEG occurring within the past year in spite of prescribed treatment. With: a) Diurnal episodes or, b) Nocturnal episodes which show residuals interfering with activity during the day.